

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 8, 1985

ALL-COUNTY INFORMATION NOTICE I-02-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL PROGRAM (SSI/SSP)
COST OF LIVING ADJUSTMENTS (COLA)

REFERENCE: ACIN 84-83

This All County Information Notice reflects the new SSI/SSP benefit rates, effective January 1, 1985. (See attached table for new rates.) The January 1985 benefit levels shall be used in determining the IHSS share of cost for those recipients who are potential IHSS income eligibles.

Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on Forms SOC 294 A (IHSS Income Eligibility-Adult) and SOC 294 C (IHSS Income Eligibility-Child).


1. SOC 294 A:

- A. Change allowances in Column B, row 2a to \$163.00
- B. Change allowances in Column B, row 6 to \$163.00
- C. Change allowances in Column B, row 19 to \$163.00

2. SOC 294 C:

- A. Change allowances in Column A, row 2a to \$163.00
- B. Change allowances in Column A, row 6b(1) and 6b(2) to (1) \$650.00 and (2) \$976.00, respectively.
- C. Change allowances in Column A rows 7b and 8i to (1) \$325.00 and (2) \$488.00, respectively.

If you have any questions, please contact your Adult and Family Services Programs Operations Consultant at (916) 322-6671.


LOREN D. SOPER
Deputy Director
Adult and Family Services

cc: CWDA

IHSS INCOME ELIGIBILITY — CHILD

Name _____

Case No. _____

Month _____

PARENT

RECIPIENT

A. Income deemed to a blind or disabled child living at home who is under 18 or 18 — 21 and in school.

B. IHSS share of cost computation for blind or disabled child who is under 18 or 18 — 21, in school and living at home.

☐ Income of parent and parent's spouse where neither is aged, blind or disabled.

Unearned

Earned

Unearned

Earned

1. Gross income

\$

\$

1. Income deemed to child (from A6d, A7d, A8j or A9)**

\$

2. Allowance for children not blind or disabled

a. Children's needs \$ 163 \$ 163 \$ 163

b. Children's income \$ \$ \$

c. Net needs (a minus b) \$ \$ \$

d. Total allowance (add A2c's) \$ \$ \$

3. Remaining unearned income (A1 minus A2d)

\$

2. Unearned income (list) (Do not show exempt income)

\$

4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)

\$

3. Total unearned income (B1 plus B2)

\$

5. Remaining earned income (A1 minus A4)

\$

4. Any income exclusion

\$ 20

6. If remaining income is EARNED only:

a. \$85 exclusion

\$ 85

5. Net unearned income (B3 minus B4)

\$

b. Allowance for parent and spouse

(1) \$650, (2) \$ 976.

\$

6. Earned income (Do not show exempt income)

\$

c. Total exclusions (A6a plus A6b)

\$

7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)

\$

d. Income deemed to child (A5 minus A6c)

\$

8. Earned income exclusion

\$ 65

7. If remaining income is UNEARNED only:

a. Any income exclusion

\$ 20

9. Total exclusions (B7 plus B8)

\$

b. Allowance for parent and spouse

(1) \$325, (2) \$ 488.

\$

10. Remaining earned income (B6 minus B9)

\$

c. Total exclusions (A7a plus A7b)

\$

11. Net earned income (B10 X ½)

\$

d. Income deemed to child (A3 minus A7c)

\$

12. Other earned income deductions

\$

8. If income is UNEARNED and EARNED:

a. Any income exclusion

\$ 20

13. Total net earned income (B11 minus B12)

\$

b. Net unearned income (A3 minus A8a)

\$

14. Total countable income (B5 plus B13)

\$

c. Unused \$20 exclusion (If A8a is greater than A3, enter the difference)

\$

15. SSI/SSP payment level

\$

d. Earned income exclusion

\$ 65

** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.

e. Total exclusions (A8c plus A8d)

\$

f. Earned income (A5 minus A8e)

\$

g. Net earned income (A8f X ½)

\$

h. Total income (A8b plus A8g)

\$

i. Allowance for parent and spouse

(1) \$325, (2) \$ 488.

\$

j. Income deemed to child (A8h minus A8i)

\$

☐ Income of parent(s) where one or both are aged, blind or disabled.

9. Parent(s) income in excess of SSI/SSP payment

SSI/SSP Payment Standards
January 1, 1985 - December 31, 1985

SSI/SSP

	Independent Living Arrangement			Household Of Another			Independent Living Arrangement W/O Cooking Facilities			Non-Medical Board and Care ^{a/}		
	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP
INDIVIDUAL:												
Aged or Disabled	504.00	325.00	179.00	395.67	216.67	179.00	558.00	325.00	233.00	569.00	325.00	244.00
Blind	565.00	325.00	240.00	456.67	216.67	240.00	.....	.....	.....	569.00	325.00	244.00
Disabled Minor	399.00	325.00	74.00	290.67	216.67	74.00	.....	.....	.....	569.00	325.00	244.00
COUPLE:												
Aged or Disabled												
- per couple	936.00	488.00	448.00	773.34	325.34	448.00	1045.00	488.00	557.00	1138.00	488.00	650.00
- per person	468.00	244.00	224.00	386.67	162.67	224.00	522.50	244.00	278.50	569.00	244.00	325.00
Blind												
- per couple	1099.00	488.00	611.00	936.34	325.34	611.00	.....	.....	.....	1138.00	488.00	650.00
- per person	549.50	244.00	305.50	468.17	162.67	305.50	.....	.....	.....	569.00	244.00	325.00
Blind/Aged or Disabled												
- per couple	1037.00	488.00	549.00	874.34	325.34	549.00	.....	.....	.....	1138.00	488.00	650.00
- per person	518.50	244.00	274.50	437.17	162.67	274.50	.....	.....	.....	569.00	244.00	325.00

^{a/} Non-Medical Board and Care	Minimum	Maximum
Total	569	569
Board and Room	243	243
Care and Supervision	209	260
Personnel and Incidental Needs	117	66

IHSS INCOME ELIGIBILITY — ADULT

Name _____ Case No. _____ Month _____

RECIPIENT

SPOUSE

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)			B. Income of aged, blind or disabled individual and spouse who is not aged, aged, blind or disabled.		
	UNEARNED	EARNED		UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)			1. Income of client's spouse*	\$	\$
a.	\$		2. Allowance for children not blind or disabled.		
b.	\$		a. Children's needs	\$163.	\$163.
c.	\$		b. Children's income*	\$	\$
2. Total unearned income (A1a to A1c)	\$		c. Net needs (a - b)	\$	\$
3. Any income exclusion	\$20		d. Total allowance (add B2 c's)	\$	
4. Net unearned income (A2 minus A3)	\$		3. Remaining unearned income (B1 minus B2d)	\$	
5. Earned income (Do not show exempt income)		\$	4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$	5. Remaining earned income (B1 minus B4)		\$
7. Earned income exclusion		\$65	6. Net income of spouse (B3 plus B5)		
8. Total exclusions (A6 plus A7)		\$	— If equal to or less than \$ 163, A13 is entered in C1		
9. Remaining earned income (A5 minus A8)		\$	— If greater than \$ 163, complete B7 through B20	\$	
10. Net earned income (A9 X ½)		\$	7. IHSS client's income (From A2 and A5)	\$	\$
11. Other earned income deductions		\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
12. Total net earned income (A10 minus A11)		\$	9. Any income exclusion	\$20	
13. Total countable income (A4 plus A12)	\$		10. Net unearned income (B8 minus B9)	\$	
			11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
			12. Earned income exclusion		\$65
			13. Total exclusions (B11 plus B12)		\$
			14. Remaining earned income (B8 minus B13)		\$
			15. Net earned income (B14 X ½)		\$
			16. Other earned income deductions		\$
			17. Total net earned income (B15 minus B16)		\$
			18. Total countable income (B10 plus B17)	\$	
			19. Needs of spouse	\$163.00	
			20. Net countable income (B18 minus B19)	\$	

** If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

C. SHARE OF COST

1. Countable income (higher of A13 or B20)	\$
2. SSI/SSP payment level	\$
3. IHSS share of cost (C1 minus C2)**	\$

Worker _____

Date _____